

# AUTO CR - LOG SUMMARY #1075938

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officers responded to a call of a person with a gun and upon arrival observed [REDACTED] starting to drive away from the scene. [REDACTED] resisted the officers' efforts to detain him for an investigation, and resisted physically when they attempted to place him under arrest. Officer Escamilla and Officer Aporongao discharged their TASER, assisting in controlling [REDACTED] and taking him into custody.	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KENDZIOR, KEVIN G	299	[REDACTED]	011 / SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
01-JUL-2015 12:25 - 01-JUL-2015 12:25	[REDACTED]	1112	011	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]				M	WWH	[REDACTED]	
CPD Employee	Involved Member	APORONGAO, ALAIN R	4870	[REDACTED]	011 / POLICE OFFICER	M	API		
CPD Employee	Involved Member	ESCAMILLA, ALEJANDRO	14348	[REDACTED]	011 / POLICE OFFICER	M	WWH		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	27-AUG-2015 05:11	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
CLOSED AT C.O.P.A.	27-AUG-2015 05:04	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	02-JUL-2015 01:41	DAVIS, LORENZO	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	02-JUL-2015 09:57	GOLDSTON, MICHAEL	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	02-JUL-2015 09:56	GOLDSTON, MICHAEL	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	02-JUL-2015 09:43	GOLDSTON, MICHAEL	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	01-JUL-2015 02:27	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	01-JUL-2015 02:21	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	01-JUL-2015 03:22	CHIBE, JOHN	POLICE OFFICER	116 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	01-JUL-2015 03:22			
	DOCUMENTS - INTAKE INCIDENT		2	Officer Aporongao.	N	GOLDSTON, MICHAEL	02-JUL-2015 09:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Officer Escamilla.	N	GOLDSTON, MICHAEL	02-JUL-2015 09:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Aporongao	N	QUERFURTH, PATRICK	01-JUL-2015 02:25	DELETED		
	DOCUMENTS - INTAKE INCIDENT		1	Serial [REDACTED] (Officer Aporongao).	N	GOLDSTON, MICHAEL	02-JUL-2015 09:40	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Serial [REDACTED] (Officer Escamilla).	N	GOLDSTON, MICHAEL	02-JUL-2015 09:42	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Escamilla	N	QUERFURTH, PATRICK	01-JUL-2015 02:24	DELETED		
	DOCUMENTS - INTAKE INCIDENT		5	[REDACTED]	N	QUERFURTH, PATRICK	01-JUL-2015 02:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	[REDACTED]	N	GOLDSTON, MICHAEL	02-JUL-2015 09:38	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 01-JUL-2015) - LOG #1075938

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KENDZIOR, KEVIN G	299		011 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
01-JUL-2015 12:25 - 01-JUL-2015 12:25		1112	011	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	01-JUL-2015 03:22	CHIBE, JOHN	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	27-AUG-2015 05:11	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
CLOSED AT C.O.P.A.	27-AUG-2015 05:04	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	02-JUL-2015 01:41	DAVIS, LORENZO	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	02-JUL-2015 09:57	GOLDSTON, MICHAEL	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	02-JUL-2015 09:56	GOLDSTON, MICHAEL	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	02-JUL-2015 09:43	GOLDSTON, MICHAEL	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	01-JUL-2015 02:27	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	01-JUL-2015 02:21	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	01-JUL-2015 03:22	CHIBE, JOHN	POLICE OFFICER	116 /	

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>01-JUL-2015</b>		TIME <b>00:25:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>259</b>		4. BEAT/OCCUR <b>1112</b>						
	5. POSITION <b>9161</b>		6. LAST NAME <b>ESCAMILLA</b>		7. FIRST NAME <b>ALEJANDRO</b>		8. STAR NO. <b>14348</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WWH</b>		11. AGE <b>507</b>		12. HT. <b>182</b>	
	14. DATE OF APPT. <b>31-AUG-2012</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>011 1106F</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WWH</b>		25. D.O.B.		26. HT. <b>507</b>		27. WT. <b>150</b>	
	29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <b>FIREARM - SEMI-AUTOMATIC</b>		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		37. CB NO.		IR NO.							
38. CHARGES PLACED <b>720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/24-1-A-4</b>																
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>							
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>							
SUBJECT'S ACTIONS	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>							
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
MEMBER'S RESPONSE	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>													
	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>													
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>													
WEAPON DISCHARGE INCIDENT	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>													
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>													
WEAPON DISCHARGE INCIDENT	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION													
	POSITION		STAR NO.		UNIT											
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input checked="" type="checkbox"/> 07 OTHER <input type="checkbox"/>		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>							
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE									
	49. TASER DART ID NO. <b>C62004RXT</b>		50. WEAPON SERIAL No. (Include Letters) <b>ZZX3007DY</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.							
WEAPON DISCHARGE INCIDENT	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED							
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)									
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
WEAPON DISCHARGE INCIDENT	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.													
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input checked="" type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.													
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.															
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>ESCAMILLA, ALEJANDRO</b>		STAR/EMPLOYEE NO. <b>14348</b>		SIGNATURE											
	01-JUL-2015 03:15:09															
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.															
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) <b>KENDZIOR, KEVIN G</b>		STAR NO. <b>1198</b>		SIGNATURE		DATE REVIEWED <b>01-JUL-2015 03:54:05</b>		TIME							

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SIGNATURE

DATE COMPLETED

TIME

79. TOTAL TRR's THIS EVENT No.

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>01-JUL-2015</b>		TIME <b>00:25:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>259</b>		4. BEAT/OCCUR <b>1112</b>															
	5. POSITION <b>9161</b>		6. LAST NAME <b>APORONGAO</b>		7. FIRST NAME <b>ALAIN R</b>		8. STAR NO. <b>4870</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>API</b>		11. AGE <b>506</b>		12. HT. <b>175</b>										
	14. DATE OF APPT. <b>30-NOV-2012</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>011 1112R</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WWH</b>		25. D.O.B.		26. HT. <b>507</b>		27. WT. <b>150</b>										
	29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <b>FIREARM - SEMI-AUTOMATIC</b>		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																				
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED															37. CB NO.		IR NO.							
	38. DNA																								
	39. DNA																								
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION																								
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER															42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>					
	45. MAKE/MANUFACTURER															46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
CASE INFO.	49. TASER DART ID NO. <b>C6200AX6P</b>															50. WEAPON SERIAL No. (Include Letters) <b>ZZX30061N</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO.															55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED			
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)															60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)					
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)															64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)															67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN															69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input checked="" type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
SIGNATURES	70. EVENT NO.																								
	71. R.D. NO.																								
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																								
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>APORONGAO, ALAIN R</b>															STAR/EMPLOYEE NO. <b>4870</b>		SIGNATURE							
	74. REVIEWING SUPERVISOR (Print Name) <b>KENDZIOR, KEVIN G</b>															STAR NO. <b>1198</b>		SIGNATURE		DATE REVIEWED <b>01-JUL-2015 03:53:49</b>		TIME			
	75. SIGNATURE <b>01-JUL-2015 03:47:06</b>																								



## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SIGNATURE

DATE COMPLETED

TIME

79. TOTAL TRR's THIS EVENT No.

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

## ARREST REPORTING

OFFENDER	Name		Beat: 1421	Male	
	Res			White Hispanic	
	None			5' 07"	
	DOB			150 lbs	
	AGE: 23 years			Brown Eyes	
	POB: Illinois			Brown Hair	
	ARMED WITH	Unarmed		Short Hair Style	
				Light Brown	
				Complexion	
INCIDENT	Arrest Date: 01 July 2015 00:27	TRR Completed? Yes	Total No Arrested: 2	Co-Arrests	Assoc Cases
	Location	Beat: 1112	Dependent Children? No	DCFS Ward ? No	
	304 - Street				
	Holding Facility: District 011 Male Lockup				
	Resisted Arrest? Yes				
CHARGES	1	Offense As Cited	720 ILCS 5.0/12-3.2-A-1	Domestic Related	Victim
			DOMESTIC BATTERY - BODILY HARM		
	2	Offense As Cited	720 ILCS 5.0/24-1.1-A		State Of Illinois, Meeks
			UUW - WEAPON - FELON, POSSESS/USE FIREARM		
			Class 3 - Type F		
FELONY REVIEW	Felony Review :	Approved	01 JUL 2015 02:45	Ramirez, Julie	State's Attorneys's Office
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED				

## ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

## VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Meeks

Empl: 3151 W Harrison St  
Chicago, IL 60612  
312-746-8386

Beat: 1134

Male

Injured? No

Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

## VICTIM AND COMPLAINANT

Name: [REDACTED]

Re: [REDACTED]

Beat: 1112

Female

Injured? No

Deceased? No

White Hispanic

DOB: [REDACTED]

Hospitalized? No

Age: 23 years

Treated and Released? No

Comments:

ARRESTEE  
VEHICLE

Vehicle: VEHICLE IMPOUNDED: Yes

1999 Automobile - Bmw - Unknown - Sedan, 4-Door

VIN# [REDACTED]

Lic# [REDACTED]

IL

Color: Black (Top) / Black (Bottom)

Inv#:

Pound#:

Disposition:

PROPERTIES

## Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

## ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

Even [REDACTED] R/O'S WERE DISPATCHED TO A CALL OF A PERSON WITH A GUN AT [REDACTED] UPON ARRIVAL R/O'S OBSERVED ABOVE VEHICLE TAKE OFF FROM ABOVE LOCATION. BEAT 1106FR WENT AFTER THE ABOVE VEHICLE. AT THIS TIME [REDACTED] (VICTIM AND COMPLAINANT) STATED TO R/O'S TO STOP THAT VEHICLE. SHE STATED "GOT EM THATS THEM". AT THIS TIME 1106FR PROCEEDED TO CURB VEHICLE. VEHICLE WAS CURBED AT [REDACTED] AT THIS TIME P.O. FERNANDEZ# 12012 AND P.O. ESCAMILLA# 14348 TRIED SECURING THE OCCUPANTS BUT WERE NOT ABLE TO. AT THIS TIME R/O'S NOTICED THAT THE VEHICLE WAS TRYING TO LEAVE THE SCENE. AT THIS TIME THE DRIVER OF THE VEHICLE [REDACTED] (OFFENDER) PUT THE VEHICLE IN PARK. THE PASSENGER [REDACTED] (OFFENDER) THEN PROCEEDED TO REACH OVER INTO THE DRIVER'S SIDE AND PUSHED ON THE GAS PEDAL WITH HIS HAND. R/O'S AND 1106FR GAVE VERBAL COMMANDS TO STOP MOVING AND TO SHOW US HIS HANDS [REDACTED] (OFFENDER) COMPLIED AT THIS TIME. [REDACTED] (OFFENDER) DISREGARDED ALL OF THE VERBAL COMMANDS AND BEGAN MAKING FURTIVE MOVEMENTS UNDER HIS SEAT. AT THIS TIME R/O APORONGAO # 4870 WITH HIS ASP SHATTERED THE PASSENGER WINDOW. [REDACTED] (OFFENDER) WAS GIVEN ANOTHER SET OF VERBAL COMMANDS TO SHOW US HIS HANDS. [REDACTED] (OFFENDER) CONTINUED HIS FURTIVE MOVEMENTS UNDER HIS SEAT. AT THIS P.O. ESCAMILLA #14348 DEPLOYED HIS TASER TO GAIN CONTROL OF [REDACTED] (OFFENDER) [REDACTED] (OFFENDER) CONTINUED HIS FURTIVE MOVEMENT. AT THIS TIME R/O APORONGAO# 4870 DEPLOYED HIS TASER TO GAIN CONTROL. AT THIS TIME R/O APORONGAO OPENED THE PASSENGER VEHICLE AND PERFORMED AN EMERGENCY TAKE DOWN WITH THE HELP OF P.O. ESCAMILLA# 14348. P.O MEEKS (VICTIM AND COMPLAINANT) ASKED [REDACTED] (OFFENDER) IF THERE WAS ANYTHING THAT WAS CONSIDERED CONTRABAND IN THE VEHICLE. [REDACTED] (OFFENDER) SAID THAT THERE WAS NOTHING IN THE VEHICLE. P.O MEEKS (VICTIM AND COMPLAINANT) IN PLAINVIEW ON THE PASSENGER SIDE FLOOR BOARD RECOVERED A SMITH & WESSON BLUE STEEL SEMI AUTOMATIC 9MM( INVENTOR [REDACTED] (VICTIM AND COMPLAINANT) STATED TO R/O'S THAT [REDACTED] HER BOYFRIEND,(OFFENDER) STRUCK HER IN THE FACE WITH A CLOSED FIST. [REDACTED] (VICTIM AND COMPLAINANT) STATED THAT SHE SAW A DARK OBJECT IN [REDACTED] (OFFENDER) HAND WHEN HE FLED IN ABOVE SAID VEHICLE. COMPLAINTS WERE SIGNED BY [REDACTED] (VICTIM AND COMPLAINANT) VIN AND DIN GIVEN [REDACTED] (OFFENDER) AND [REDACTED] (OFFENDER) WERE TRANSPORTED TO 011 DISTRICT FOR FURTHER PROCESSING [REDACTED] (OFFENDER) WAS MIRANDIZED AT 0150 HRS. FELONY UPGRADE CHARGES PER ASA RAMIREZ,JULIA AT 0245 HRS UUV BY A FELON. GUN DESK WAS NOTIFIED AT 0320 HRS THE GUN IS NOT REGISTERED AND WAS CLEAR PER ARGUELLO# 14239.

Name check clear no wants no warrant at the time of contact. GIPP/TRAPP/SSI clear  
Court Info: 44-2 on 08JUL15 at 0900hrs

**Desired Court Date:** 08 July 2015  
**Branch:** 44-2 3150 W FLOURNOY - Room  
**Court Sgt Handle?** No  
**Initial Court Date:** 01 July 2015  
**Branch:** CBC-1 2600 S CALIFORNIA - Room100  
**Docket #:**

BOND INFORMATION NOT AVAILABLE

## ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

**Attesting Officer:** #4870 APORONGAO, A R [REDACTED] 01 JUL 2015 05:08

## ARRESTING OFFICER(S):

		Beat
<b>1st Arresting Officer:</b>	#16730 MEEKS, D D [REDACTED]	1112R
<b>2nd Arresting Officer:</b>	#4870 APORONGAO, A R [REDACTED]	1112R

## APPROVING SUPERVISOR:

**Approval of Probable Cause :** #1434 LASCH, A P [REDACTED] 01 JUL 2015 05:11

## ARREST PROCESSING REPORT

Holding Facility: District 011 Male Lockup  
Received in Lockup: 01 July 2015 05:19  
Prints Taken: 01 July 2015 05:23  
Palprints Taken: Yes  
Photograph Taken: 01 July 2015 05:29  
Released from Lockup: 01 July 2015 08:39

Time Last Fed:  
Time Called: Phone#: REFUSED  
Cell #: D4  
Transport Details : 2PO 1132R 01-JUL-2015 00:48

## VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No  
Is there obvious signs of infection? No  
Under the influence of alcohol/drugs? No  
Signs of alcohol/drug withdrawal? No  
Appears to be despondent? No  
Appears to be irrational? No  
Carrying medication? No

## ARRESTEE QUESTIONNAIRE

Presently taking medication? No  
(if female)are you pregnant? No  
First time ever been arrested? No  
Attempted suicide/serious harm? No  
Serious medical or mental problems? No  
Are you receiving treatment? No  
Transgender/intersex/gender non-conforming? No  
Deaf/hard of hearing-request interpreter for court? No  
Interpreter needed? (indicate language) No

## RETURN TO HOLDING FACILITY COMMENTS:

## QUESTIONNAIRE REMARKS:

Has Medical Clearance

## LOCKUP KEEPER COMMENTS:

## EMERGENCY CONTACT

Name [REDACTED]  
Relationship [REDACTED] Beat: [REDACTED]

## INTERVIEW LOG

NO INTERVIEWS LOGGED

## VISITOR LOG

NO VISITORS LOGGED

## ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

## ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		GONZALEZ, R M	
Lockup Keeper:	#5666	MENONI, J A	
Assisting Arresting Officer:	#10298	RILEY, J L	1132R
Assisting Arresting Officer:	#11540	DELTORO, M B	1111R
Assisting Arresting Officer:	#12012	FERNANDEZ, J L	1106F
Assisting Arresting Officer:	#14348	ESCAMILLA, A	1106F
Assisting Arresting Officer:	#15202	CIARDULLO, E M	1171R
Assisting Arresting Officer:	#15757	MIESZCAK, D J	1106E
Assisting Arresting Officer:	#17622	FLORES, E	1106E
Assisting Arresting Officer:	#19059	CUTRO, A F	1106G
Assisting Arresting Officer:	#19250	RENAULT, P J	1132R
Assisting Arresting Officer:	#3402	TRIPP, S L	1115R
Assisting Arresting Officer:	#4313	CHAVEZ, A R	1115R
Assisting Arresting Officer:	#4585	LIEBHABER, S P	1171R
Assisting Arresting Officer:	#4769	LORING, T A	1106G
Assisting Arresting Officer:	#8092	CONLISK, B J	1111R
Fingerprinted By:		GONZALEZ, R M	

## APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#1434	LASCH, A F	01 JUL 2015 07:00

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

Case ID: [REDACTED]

CLEARED CLOSED (ARREST AND PROSECUTION)

IUCR: 0486 - Battery - Domestic Battery Simple  
143A - Weapons Violation - Unlawful Poss Of Handgun  
3730 - Interference With Public Officer - Obstructing Justice

Occurrence Location: [REDACTED] Beat: 1112  
304 - Street  
Occurrence Date: 01 July 2015 00:23

Unit Assigned: 1112R  
RO Arrival Date: 01 July 2015 00:24

# Offenders: 2

VICTIM - Individual

Name: [REDACTED]  
Res: [REDACTED] Beat: 1112  
Beat: 5100

Demographics

Female DOB: [REDACTED]  
Age: 23 Years

Sobriety: Sober

VICTIM - Individual

Name: P.O MEEKS  
3151 W Harrison St Beat: 1134  
Chicago, IL  
Sobriety: Sober

Police Officer

Demographics

Age: Years

Injury Info [REDACTED] - Victim )

Injured by offender Injury Extent: Minor

Type None Visible Weapon Used Hand/Feet/Teeth/Etc. Other Weapon Used Other - Closed Fist

Suspect # 1

Name: [REDACTED]  
Res: [REDACTED] Beat: 1421

Demographics

Male DOB: [REDACTED]  
White Hispanic Age: 23 years  
5'07, Birth Place: IL  
150 lbs Suspected of Using: Weapon  
Brown Eyes  
Black Hair  
Short Hair Style  
Light Brown Complexion

Injury Info

Injury Extent: Minor

CFD First Aid Given? Yes

<b>SUSPECTS</b>	Responding Unit: Ambulance		
	Type: Puncture Wound	Weapon Used: Unknown	
	<b>Suspect # 2</b>		<b>In Custody</b>
	Name: [REDACTED] Res: [REDACTED] Beat: 3100	<b>Demographics</b> Male White Hispanic 5'07, 150 lbs Brown Eyes Black Hair Pony Tail Hair Style Light Complexion DOB: [REDACTED] Age: 26 years Birth Place: IL	
<b>Injury Info</b>			

<b>RELATIONSHIP</b>	<b>RELATIONSHIP</b>		
	(Victim) [REDACTED]	is a	Girlfriend of (Offender) [REDACTED]
	(Victim) [REDACTED]	is a	No Relationship of (Offender) [REDACTED]
	(Victim) P.O MEEKS	is a	No Relationship of (Offender) [REDACTED]
	(Victim) P.O MEEKS	is a	No Relationship of (Offender) [REDACTED]

<b>GANG INFO</b>	(Suspect)	
	Affiliation: Member	Gang Identifications: Tattoo
	Gang Name: [REDACTED]	
	(Suspect)	
	Affiliation: Member	Gang Identifications: Tattoo
	Gang Name: [REDACTED]	

<b>DOMESTIC INFO</b>	<b>Order of Protection Info</b>	
	Order of Protection #: - IL	
	<b>Procedure Notifications</b>	
	Victim Advised of Hotline #? Yes	Domestic Info Notice Provided? Yes Victim Advised of OOP Procedures? Yes Victim Advised of Warrant Procedures? Yes

<b>OTHER</b>	<b>Miscellaneous</b>	
	Victim Information Provided	Flash Message Sent ? No



Vehicle #1						
VEHICLE	Vehicle:	1998 Bmw - 328i - Automobile	Damaged?	Yes	Owner:	[REDACTED]
	Style:	Sedan, 4-Door			Possessor/User:	[REDACTED]
	Color-Top/Bottom:	Black/Black	Theft From?	No	Towed?	Yes
	VIN#:	[REDACTED]	Burned?	No	Reason:	Unlawful Firearmsuspended License
	License Plate #:	[REDACTED] - Illinois - Passenger Car	Destroyed?	No	Auto Pound:	[REDACTED]
	Expires:	01-June-2016	Recovered?	No	Pound Inventory #:	[REDACTED]
			Stolen?	No		

Firearm #1				Possessor/User: [REDACTED]		
FIREARMS	Type:	Semi-Automatic Pistol		Duty Related:	No	
	Make:	Smith & Wesson -Us- (Bodyguard, Chief Special)	Model:	39-2	Taken/Stolen?	No
	Serial #:	[REDACTED]	Owner Known?	Yes		
	Caliber/Gauge:	9 Caliber	Owner:	[REDACTED]	Displayed?	Yes
	Barrel Length:	4			Used?	No
	Feature:	Blue Steel			Recovered?	Yes
			Registration Status:	Clear	Inventory #:	[REDACTED]
Location Found:	[REDACTED]					

NARRATIVE

EVENT: [REDACTED] R/O'S WERE DISPATCHED TO A CALL OF A PERSON WITH A GUN A [REDACTED] UPON ARRIVAL R/O'S OBSERVED ABOVE VEHICLE TAKE OFF FROM ABOVE LOCATION. BEAT 1106FR WENT AFTER THE ABOVE VEHICLE. AT THIS TIME [REDACTED] (VICTIM AND COMPLAINANT) STATED TO R/O'S TO STOP THAT VEHICLE. SHE STATED "GOT EM THATS THEM". AT THIS TIME 1106FR PROCEEDED TO CURB VEHICLE. VEHICLE WAS CURBED A [REDACTED] AT THIS TIME P.O. FERNANDEZ# 12012 AND P.O. ESCAMILLA# 14348 TRIED SECURING THE OCCUPANTS BUT WERE NOT ABLE TO. AT THIS TIME R/O'S NOTICED THAT THE VEHICLE WAS TRYING TO LEAVE THE SCENE. AT THIS TIME THE DRIVER OF THE VEHICLE [REDACTED] (OFFENDER) PUT THE VEHICLE IN PARK. THE PASSENGER [REDACTED] (OFFENDER) THEN PROCEEDED TO REACH OVER INTO THE DRIVER'S SIDE AND PUSHED ON THE GAS PEDAL WITH HIS HAND. R/O'S AND 1106FR GAVE VERBAL COMMANDS TO STOP MOVING AND TO SHOW US HIS HANDS. [REDACTED] (OFFENDER) COMPLIED AT THIS TIME [REDACTED] (OFFENDER) DISREGARDED ALL OF THE VERBAL COMMANDS AND BEGAN MAKING FURTIVE MOVEMENTS UNDER HIS SEAT. AT THIS TIME R/O APORONGAO # 4870 WITH HIS ASP SHATTERED THE PASSENGER WINDOW BECAUSE ALL THE DOORS IN THE VEHICLE WERE LOCKED, [REDACTED] (OFFENDER) WAS GIVEN ANOTHER SET OF VERBAL COMMANDS TO SHOW US HIS HANDS. [REDACTED] (OFFENDER) CONTINUED HIS FURTIVE MOVEMENTS UNDER HIS SEAT. AT THIS P.O. ESCAMILLA #14348 DEPLOYED HIS TASER TO GAIN CONTROL OF [REDACTED] (OFFENDER) [REDACTED] (OFFENDER) CONTINUED HIS FURTIVE MOVEMENT. AT THIS TIME R/O APORONGAO# 4870 DEPLOYED HIS TASER TO GAIN CONTROL. AT THIS TIME R/O APORONGAO OPENED THE PASSENGER VEHICLE AND PERFORMED AN EMERGENCY TAKE DOWN WITH THE HELP OF P.O. ESCAMILLA# 14348. P.O. MEEKS (VICTIM AND COMPLAINANT) ASKED [REDACTED] (OFFENDER) IF THERE WAS ANYTHING THAT WAS CONSIDERED CONTRABAND IN THE VEHICLE. [REDACTED] (OFFENDER) SAID THAT THERE WAS NOTHING IN THE VEHICLE. P.O. MEEKS (VICTIM AND COMPLAINANT) IN PLAINVIEW ON THE PASSENGER SIDE FLOOR BOARD RECOVERED A SMITH & WESSON BLUE STEEL SEMI AUTOMATIC 9MM( INVENTORY [REDACTED] (VICTIM AND COMPLAINANT) STATED TO R/O'S THAT [REDACTED] (OFFENDER) STRUCK HER IN THE FACE WITH A CLOSED FIST [REDACTED] (VICTIM AND COMPLAINANT) STATED THAT SHE SAW A DARK OBJECT IN [REDACTED] (OFFENDER) HAND WHEN HE FLED IN ABOVE SAID VEHICLE. COMPLAINTS WERE SIGNED BY [REDACTED] (VICTIM AND COMPLAINANT) VIN AND DIN GIVEN. [REDACTED] (OFFENDER) AND [REDACTED] (OFFENDER) WERE TRANSPORTED TO 011 DISTRICT FOR FURTHER PROCESSING. [REDACTED] (OFFENDER) WAS MIRANDIZED AT 0150 HRS. FELONY UPGRADE CHARGES PER ASA RAMIREZ, JULIA AT 0245 HRS UUW BY A FELON. GUN DESK WAS NOTIFIED AT 0320 HRS THE GUN IS NOT REGISTERED AND WAS CLEAR PER ARGUELLO# 14239.

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	1198	[REDACTED]	KENDZIOR, Kevin, G	[REDACTED]	01 Jul 2015 05:13	011	
Reporting Officer	14348	[REDACTED]	ESCAMILLA, Alejandro	[REDACTED]	01 Jul 2015 05:00	011	1112R

APORONGAC # 4870

Log - 1075938

Chibe # 7303



EVIDENCE SYNC

## TASER Information

Serial ZZX30061N  
 Model TASER X2  
 Firmware Version Rev. 04.010  
 Application Version 3.13.4  
 Health Good

## Offline Report

Local Timezone  
 Generated On

Central Daylight Time (UTC -05:00)  
 01 Jul 2015 01:50:40

Dates from : Tue Jun 30 20:00:00 2015 to : Wed Jul 1 02:00:00 2015  
 Device (X2)

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/status]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
1871	01 Jul 2015 00:25:28	Armed	C1: 25' Standard C2: 25' Standard		25	86
1872	01 Jul 2015 00:25:29	Trigger	C1: Deployed	7		86
1873	01 Jul 2015 00:25:36	Trigger	C2: Deployed	6		86
1874	01 Jul 2015 00:27:00	Safe	C1: Deployed C2: Deployed	92	30	85
1875	01 Jul 2015 01:07:31	USB Connected				
1876	01 Jul 2015 01:50:11	Time Sync	01 Jul 2015 01:48:24 to 01 Jul 2015 01:50:11			

Aurster - ALCAANTARA

ESCAMILLA 14348

Log# 1075938  
Chibe# 7303

EVIDENCE SYNC

## TASER Information

**Serial** ZZX3007DY  
**Model** TASER X2  
**Firmware Version** Rev. 04.010  
**Application Version** 3.13.4  
**Health** Good

## Offline Report

**Local Timezone** Central Daylight Time (UTC -05:00)  
**Generated On** 01 Jul 2015 01:48:07

Dates from : Tue Jun 30 10:00:00 2015 to : Wed Jul 1 02:00:00 2015  
 Device (X2)

Seq #	Local Time [DD/MM/YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/status]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
3102	30 Jun 2015 22:55:50	Armed	C1: 25' Standard C2: 25' Standard		24	87
3103	30 Jun 2015 22:55:54	Arc	C1: 25' Standard C2: 25' Standard	1		87
3104	30 Jun 2015 22:55:57	Safe	C1: 25' Standard C2: 25' Standard	7	24	87
3105	01 Jul 2015 00:25:39	Armed	C1: 25' Standard C2: 25' Standard		24	87
3106	01 Jul 2015 00:25:41	Trigger	C1: Deployed	5		87
3107	01 Jul 2015 00:25:50	Arc	C1: Deployed C2: 25' Standard	1		86
3108	01 Jul 2015 00:25:52	Arc	C1: Deployed C2: 25' Standard	1		86
3109	01 Jul 2015 00:27:02	Safe	C1: Deployed C2: 25' Standard	83	29	86
3110	01 Jul 2015 00:28:13	Armed	C1: Deployed C2: 25' Standard		27	86
3111	01 Jul 2015 00:30:19	Safe	C1: Deployed C2: 25' Standard	126	30	86
3112	01 Jul 2015 00:38:32	Armed	C1: Deployed C2: 15' Standard		22	86
3113	01 Jul 2015 00:38:32	Safe	C1: Deployed C2: 15' Standard	0	21	86
3114	01 Jul 2015 01:43:41	USB Connected				
3115	01 Jul 2015 01:46:53	Time Sync	01 Jul 2015 01:45:28 to 01 Jul 2015 01:46:53			

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>01-JUL-2015</b>		TIME <b>00:25:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>259</b>		4. BEAT/OCCUR <b>1112</b>									
	5. POSITION <b>9161</b>		6. LAST NAME <b>APORONGAO</b>		7. FIRST NAME <b>ALAIN R</b>		8. STAR NO. <b>4870</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>API</b>		11. AGE [REDACTED]		12. HT. <b>506</b>		13. WT. <b>175</b>		
	14. DATE OF APPT. <b>30-NOV-2012</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>011 1112R</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WWH</b>		25. D.O.B. [REDACTED]		26. HT. <b>507</b>		27. WT. <b>150</b>				
	28. TELEPHONE NO. [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <b>FIREARM - SEMI-AUTOMATIC</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]		IR NO. [REDACTED]															
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>								
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		WEAPON <input type="checkbox"/>								
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>										
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>										
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>												
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																	
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>																	
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																	
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																	
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>																	
OTHER <input type="checkbox"/>																			
39. DNA <input type="checkbox"/>		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION [REDACTED]															
POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]															
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>													
45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]													
49. TASER DART ID NO. <b>C6200AX6P</b>		50. WEAPON SERIAL No. (Include Letters) <b>ZZX30061N</b>		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]											
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>1</b>											
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)													
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
CASE INFO.	70. EVENT NO. [REDACTED]		71. R.D. NO. [REDACTED]																
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.																
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																		
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>APORONGAO, ALAIN R</b>		STAR/EMPLOYEE NO. <b>4870</b>		SIGNATURE [REDACTED]														
	01-JUL-2015 03:47:06																		
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																		
74. REVIEWING SUPERVISOR (Print Name) <b>KENDZIOR, KEVIN G</b>		STAR NO. <b>1198</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>01-JUL-2015 03:53:49</b>		TIME <b>01-JUL-2015 03:53:49</b>											

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject no longer in custody in the 011th District at the time of this report.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WOL reviewed all reports associated with this incident and concurs that the member's actions were in compliance with Department procedures and directives.

CL # obtained from P.O. Chibe # 7303 on 01 July 2015.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1075938 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**BAIO, ANTONIO M**

SIGNATURE

DATE COMPLETED

TIME

**02-JUL-2015 00:13:52**

79. TOTAL TRR's THIS EVENT No.

**2**

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>01-JUL-2015</b>		TIME <b>00:25:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>259</b>		4. BEAT/OCCUR <b>1112</b>													
	5. POSITION <b>9161</b>		6. LAST NAME <b>ESCAMILLA</b>		7. FIRST NAME <b>ALEJANDRO</b>		8. STAR NO. <b>14348</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WWH</b>		11. AGE [REDACTED]		12. HT. <b>507</b>		13. WT. <b>182</b>						
	14. DATE OF APPT. <b>31-AUG-2012</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>011 1106F</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WWH</b>		25. D.O.B. [REDACTED]		26. HT. <b>507</b>		27. WT. <b>150</b>								
	29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																		
36. CHARGES PLACED <b>720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/24-1-A-4</b>																		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE														
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <u>FURTIVE MOVEMENTS</u>		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____														
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____														
	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																		40. ADDITIONAL INFORMATION [REDACTED]				
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]																		
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>																
	45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]																
	49. TASER DART ID NO. <b>C62004RXT</b>		50. WEAPON SERIAL No. (Include Letters) <b>ZZX3007DY</b>		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]														
70. EVENT NO.	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]														
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																		
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																						
	73. REPORTING MEMBER (Print Name) <b>ESCAMILLA, ALEJANDRO</b> STAR/EMPLOYEE NO. <b>14348</b> SIGNATURE [REDACTED] <b>01-JUL-2015 03:15:09</b>																						
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																						
	74. REVIEWING SUPERVISOR (Print Name) <b>KENDZIOR, KEVIN G</b>		STAR NO. <b>1198</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>01-JUL-2015 03:54:05</b>		TIME <b>01-JUL-2015 03:54:05</b>														

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject no longer in custody in the 011th District at the time of this report.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WOL reviewed all reports associated with this incident and concurs that the member's actions were in compliance with Department procedures and directives.

CL # obtained from P.O. Chibe # 7303 on 01 July 2015.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1075938 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**BAIO, ANTONIO M**

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

**02-JUL-2015 00:15:53**

79. TOTAL TRR's THIS EVENT No.

**2**